

Exhibit A

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
MARSHALL DIVISION**

GOLDEN HOUR DATA SYSTEMS, INC.,)
)
)
Plaintiff,)
)
)
v.) Civil Action No. 2:06-cv-381-TJW
)
)
EMSCHARTS, INC., and) Honorable T. John Ward
SOFTTECH, LLC,)
)
)
Defendants.)

EMSCHARTS, INC.'S PROPOSED AMENDED INVALIDITY CONTENTIONS

Defendant, emsCharts, Inc. ("emsCharts"), hereby submits its Amended Invalidity Contentions. These Amended Invalidity Contentions are directed solely to those claims of U.S. Patent No. 6,117,073 asserted in Golden Hour Data Systems, Inc.'s ("Golden Hour") Preliminary Infringement Contentions.

These Amended Preliminary Invalidity Contentions are based upon information in emsCharts' possession as of this date. emsCharts' prior art search and other factual investigation are continuing. Depositions and other discovery in this case have not been completed, and expert reports have not yet been served. Defendant's continuing search and investigation may reveal additional information relevant under 35 U.S.C. § 102, § 103, and/or § 112. Ongoing discovery and investigation may also uncover other grounds of invalidity. For example, emsCharts intends to conduct further investigation and third party discovery, including investigation and discovery with respect to prior art referenced herein and in the attached chart.

The contentions contained herein are, in part, based on emsCharts' current understanding of Plaintiff's positions concerning construction of the asserted claims of the patent in suit. This

statement of Amended Invalidity Contentions does not in any way constitute adoption or acceptance of any particular position on claim construction. Accordingly, the positions set forth herein do not constitute a waiver of any of emsCharts' claims or defenses in this action including, but not limited to, those relating to written description, enablement, indefiniteness, best mode, anticipation, and/or obviousness.

For all of the foregoing reasons, Defendant reserves the right to supplement and/or amend the contentions contained herein as permitted or required by the Civil or Patent Local Rules, Fed. R. Cir. P. 26(e) and/or any other applicable rule or statute.

I. Identity of Each Item of Prior Art (P.R. 3-3(a))

- Report on EMS Software Providers, "Interfacing Modules; The Industry Standard", dated July 2007. (EMSC 0107 - EMSC 0115)
- SweetTalk newsletter, dated August 1993. (EMSC 0116 - EMSC 0125)
- Various Sweet Computer Services, Inc.'s advertisements and brochures for SweetSoft™ software. (EMSC 0126 - EMSC 0146)
- Rescue One, The Complete EMS Database Management Solution brochure. (EMSC 0147 - EMSC 0154)
- Flightstar: A System Designed for Dispatchers, By Dispatchers flyer. (EMSC 0155 - EMSC 0156)
- Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992. (EMSC 0157 - EMSC 0158)
- Droege Computing Services Emergency Flight System handout. (EMSC 0159)
- EMS Consultants Ltd. - The Ultimate in EMS Software brochure. (EMSC 0160 - EMSC 0189)
- EMS Expert @P-Docs flyer. (EMSC 0190 - EMSC 0191)
- Westech System brochure. (EMSC 0192 - EMSC 0198)
- LifeLink III reports. (EMSC 0199 - EMSC 0212)
- Arec Data Management Systems flyer. (EMSC 0213 - EMSC 0215)
- Iris Product and Services handout. (EMSC 0216 - EMSC 0217)
- DataWest's Air-Ops Version 2.1 software manual. (EMSC 0218 - EMSC 0232)

- LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior. (EMSC 0233 - EMSC 0234)
- UCS Fire Rescue Incident Report, dated 03/07/94. (EMSC 0235 - EMSC 0244)
- The Northern Virginia Sun article, dated May 10, 1993. (EMSC 0245 - EMSC 0246)
- Weekly Business article, dated February 14, 1994. (EMSC 0247)
- UCS The EMS Commander brochure. (EMSC 0248 - EMSC 0255)
- Fireline brochure. (EMSC 0256 - EMSC 0259)
- UCS Pen Based Solutions for EMS brochure. (EMSC 0260 - EMSC 0263)
- OuterLink web pages. (EMSC 0264 - EMSC 0267)
- AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92. (EMSC 0268 - EMSC 0444)
- AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92. (EMSC 0445 - EMSC 0594)
- Codd, E.F., "A Relational Model of Data for Large Shared Data Banks," *Communications of the ACM* 13 (No. 6): pp. 377-387 (June 1970)

II. Anticipation and Obviousness of the Asserted Claims of the '073 Patent

Claim 1

emsCharts submits that claim 1 is anticipated by at least DOCUMED Systems International Emergency-Pro Software that was available in 1997 and which integrated CAD (Computer Aided Dispatch) and billing modules, ZOLL Data Systems RescueNet software which also integrated CAD and billing modules, and the AeroMed software which integrated CAD and billing modules in generating insurance claim forms. (See Report on EMS Software Products "Interfacing Modules; The Industry Standard", dated July 2007; AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92; and AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92). emsCharts believes that these software products were publicly available prior to March 2, 1997.

Claim 6

Many, if not all, of the software products identified in Section I are used for dispatching helicopter EMS crews and thus must necessarily include instructions for dispatching a helicopter. Specifically, emsCharts submits that the AeroMed software included instructions for dispatching a helicopter.

Claim 7

Many, if not all, of the software products identified in Section I are used for dispatching helicopter EMS crews and thus must necessarily include instructions for tracking the flight path of the helicopter. Specifically, emsCharts submits that the AeroMed software included instructions for dispatching a helicopter and tracking its flight path.

Claim 8

Communicating via a shared database is not an innovative concept. It is believed that at least the ZOLL, DOCUMED and AeroMed software products had CAD and billing modules that communicated via a shared database. emsCharts believes that these software products were publicly available prior to March 2, 1997.

Claim 10

emsCharts believes systems were in existence prior to March 2, 1997 with this ability. For example, the SweetSoft™ software was combined with the UCS patient care record system to produce a software product that combined clinical and billing. (See SweetTalk newsletter, dated August 1993). emsCharts believes there was software and algorithms available prior to March 2, 1997 which interpreted physical findings and assigned ICD-9 codes (*i.e.*, determined a diagnosis).

Claim 12

emsCharts believes there was software and algorithms available prior to March 2, 1997 which interpreted physical findings and assigned ICD-9 codes (*i.e.*, determined a diagnosis). emsCharts believes that these systems could display a plurality of diagnoses. Additionally, it would have been obvious to one of ordinary skill in the art to take a system that displayed one diagnosis and have that system display, and thus include instructions for displaying, a plurality of diagnoses.

Claim 13

The ability to interface a medical records system with monitoring equipment for reading a patient's vital signs is not an innovative concept. emsCharts believes the AeroMed software interfaced with the ProPaq monitor prior to March 2, 1997.

Claim 14

When generating a statistical report using many, if not all, of the software products identified in Section I, it can be determined if an aircraft took too long to take off or arrive (*i.e.*, determine a sentinel event). Quality assurance reports are common to all of the software products identified in Section I. It would have been obvious to one of ordinary skill in the art to mark, or flag, a sentinel event. Marking/flagging a sentinel event is not an innovative concept. A sentinel event is one that requires further attention, such as an aircraft taking too long to take off or arrive. Running quality assurance reports is for the purpose of identifying sentinel events, and it would have been obvious to one of ordinary skill in the art to "flag" such sentinel events. Specifically, emsCharts believes that at least the AeroMed software included such a marking feature.

Claim 15

emsCharts submits that claim 15 is anticipated by various software products and accompanying brochures and flyers, publicly available prior to March 2, 1997, describing the operation of these software products.

For example, Innovative Engineering produced AeroMed Software which was publicly available prior to March 2, 1997. The AeroMed software included a Dispatch module which collected flight information relating to an emergency dispatch, and a Flight Management Module which collected patient information from a clinical encounter associated with a patient incident requiring emergency medical care by an emergency transport crew. The AeroMed software combined the patient information with the flight information to produce an encounter record indicative of the patient's clinical encounter. (*See* AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92; and AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92).

Additionally, Sweet Computer Services, Inc. developed a software product called SweetSoft™ which collected patient information from a clinical encounter associated with a patient incident requiring emergency medical care by an emergency transport crew. The SweetSoft™ software also had a computer-aided dispatch program which collected flight information relating to an emergency dispatch, and the patient information was combined with the flight information to produce an encounter record indicative of the patient's clinical encounter. (*See* SweetTalk newsletter, dated August 1993).

Further, Computing Technologies for Aviation, Inc. produced the Medical Air Transport System ("MATS") software which integrated dispatch information (e.g., from a dispatch module) with patient information (e.g., from a clinical module) to produce customized reports indicative

of the patient's clinical encounter. (See Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992).

Further yet, DataWest developed its Air-Ops software which included dispatch modules collecting flight information relating to an emergency dispatch and patient information from a clinical encounter associated with a patient. emsCharts believes that the Air-Ops software combined the flight and clinical information to produce an encounter record indicative of the patient's clinical encounter. The DataWest manual is undated, but emsCharts believes both the manual and the software product were publicly available prior to March 2, 1997. emsCharts' investigation is still ongoing. (See DataWest's Air-Ops Version 2.1 software manual, undated).

Still further, LiFlex developed a Computer Aided Dispatch System which included a module for recording flight information relating to an emergency transport crew dispatch and a module for recording patient information from a clinical encounter associated with a patient. The Liflex software generated a Flight Information Record which combined the flight information and the patient information to produce an encounter record indicative of the patent's clinical encounter. (See LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior).

Claim 16

Many, if not all, of the software products identified in Section I are designed to collect the flight and patient information a plurality of times to generate a plurality of patient encounter records. Additionally, creating multiple records would have been obvious to one of ordinary skill in the art from the teachings of the software products and manuals identified in Section I.

Claim 17

Many, if not all, of the software products identified in Section I extract data from a plurality of patient records to generate statistical reports. The AeroMed software is capable of

generating statistical reports. The SweetSoft™ software includes statistical analysis features.

The MATS software has the ability to generate statistical reports. The Air-Ops software can generate statistical and marketing reports. The LiFlex software can summarize program activity for a given time frame to produce a statistical report. In order to generate statistical reports, data must necessarily be extracted. Justifying the cost of dispatching the emergency medical crew is an obvious statistical feature as each software product is designed to increase profitability.

Claim 18

Many, if not all, of the software products identified in Section I collect flight information for a helicopter dispatch. Specifically, emsCharts submits that the AeroMed software included instructions for dispatching a helicopter and tracking its flight path.

Claim 19

The ability to interface a medical records system with monitoring equipment is not an innovative concept. emsCharts believes the AeroMed software interfaced with the ProPaq monitor prior to March 2, 1997.

Claim 20

When generating a statistical report using any of the software products identified above, it can be determined if an aircraft took too long to take off or arrive (*i.e.*, determine a sentinel event). Quality assurance reports are common to all of the software products identified in Section I.

Claim 21

It would have been obvious to one of ordinary skill in the art to flag a sentinel event. Flagging a sentinel event is not an inventive concept. A sentinel event is one that requires further attention, such as an aircraft taking too long to take off or arrive. Running quality

assurance reports is for the purpose of identifying sentinel events, and it would have been obvious to one of ordinary skill in the art to "flag" such sentinel events. emsCharts believes that the AeroMed software included such a marking feature.

Claim 22

Determining whether flight information and patient information are internally consistent is not an inventive concept. In order to combine the patient information with the flight information, the software products identified in Section I necessarily must determine that the two are internally consistent.

III. Invalidity Chart

emsCharts has attached hereto (as Exhibit A) a chart illustrating how the asserted claims of the '073 patent are invalid in view of the prior art.

IV. Invalidity Under 35 U.S.C. § 112

Claims 1, 6-8, 10 and 12-13 are invalid as indefinite under 35 U.S.C. § 112. These claims recite a "computerized integrated data management system for tracking a patient incident". The specification of the '073 Patent does not define or describe the term "integrated".

Claims 15-22 are invalid as indefinite under 35 U.S.C. § 112. These claims recite "integrating the patient information with the flight information ...". The specification of the '073 Patent does not define or describe the term "integrating".

V. Document Production Corresponding to Categories of P.R. 3-4(a)

Pursuant to Local Patent Rule 3-4, all of the documents and things referenced herein, as well as the source code for emsCharts.com software, have been or are being produced to the Plaintiff, or are available for inspection and copying at the offices of Buchanan Ingersoll &

Rooney PC, One Oxford Centre, 301 Grant Street, 20th Floor, Pittsburgh, Pennsylvania, 1219,
between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

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Respectfully submitted,

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CERTIFICATE OF SERVICE

The undersigned hereby certifies that the foregoing document was filed electronically as an exhibit to an unopposed motion to amend emsCharts's Invalidity Contentions in compliance with Local Rule CV-5(a) on August 7, 2008. As such, this motion was served on all counsel who have consented to electronic service. Local Rule CV-5(a)(3)(A).

/s/ M. Jill Bindler

M. Jill Bindler

EXHIBIT A – CLAIM CHART**U.S. PATENT NO. 6,117,073**

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>1. A computerized integrated data management system for tracking a patient incident, comprising:</p> <p>a first module capable of dispatching an emergency transport crew specific to a patient incident requiring emergency medical care by the emergency transport crew, wherein transportation tracking information relating to the dispatch is recorded; and</p> <p>a second module capable of receiving information from the first module and billing the patient appropriately for costs indicative of the patient incident, including transportation costs.</p>	<p>(Report on EMS Software Products "Interfacing Modules; The Industry Standard", dated July 2007)</p> <p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>At least the DOCUMED Systems International Emergency-Pro Software integrated CAD (Computer Aided Dispatch) and billing modules, ZOLL Data Systems RescueNet software integrated CAD and billing modules, and the AeroMed software integrated CAD and billing modules. emsCharts believes that these software products were publicly available prior to March 2, 1997.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>6. The data management system of claim 1, wherein the first module includes instructions for dispatching a helicopter.</p>	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1; and B-1 to B-42)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1; 2-1; 3-34; and B-1 to B-21)</p> <p>(Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992 - both pages)</p> <p>(DataWest's Air-Ops Version 2.1 software manual - pgs. 2-3)</p> <p>(LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior - both pages)</p> <p>Many, if not all, of the software products identified in Section I are used for dispatching helicopter EMS crews and thus must necessarily include instructions for dispatching a helicopter.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>7. The data management system of claim 6, wherein the first module includes instructions for tracking the flight path of the helicopter.</p>	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1; and B-1 to B-42)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1; 2-1; 3-34; and B-1 to B-21)</p> <p>(Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992 - both pages)</p> <p>(DataWest's Air-Ops Version 2.1 software manual - pgs. 2-3)</p> <p>(LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior - both pages)</p> <p>Many, if not all, of the software products identified in Section I are used for dispatching helicopter EMS crews and thus must necessarily include instructions for tracking the flight path of the helicopter.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>8. The data management system of claim 1, wherein the first and second modules communicate via a shared database.</p>	<p>(Report on EMS Software Products "Interfacing Modules; The Industry Standard", dated July 2007)</p> <p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>Communicating via a shared database is not an innovative concept. It is believed that at least the ZOLL, DOCUMED and AeroMed software products had CAD and billing modules that communicated via a shared database. emsCharts believes that these software products were publicly available prior to March 2, 1997.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>10. A computerized integrated data management system for tracking a patient incident, comprising:</p> <p>a first module capable of interpreting data relating to the medical condition of a patient involved in a patient incident requiring emergency medical care by an emergency medical transport crew and determining a diagnosis for the patient, wherein the first module prompts for physical findings relating to a physical examination of the patient at the site of the patient incident; and</p> <p>a second module capable of receiving information from the first module and billing the patient appropriately for the patient incident.</p>	<p>(SweetTalk newsletter, dated August 1993)</p> <p>emsCharts believes systems were in existence prior to March 2, 1997 with this ability. For example, the SweetSoft software was combined with the UCS patient care record system to produce a software product that combined clinical and billing. emsCharts believes there was software and algorithms available prior to March 2, 1997 which interpreted physical findings and assigned ICD-9 codes (<i>i.e.</i>, determined a diagnosis).</p>
<p>12. The data management system of claim 10, wherein the first module includes instructions for displaying a plurality of diagnoses.</p>	<p>emsCharts believes there was software and algorithms available prior to March 2, 1997 which interpreted physical findings and assigned ICD-9 codes (<i>i.e.</i>, determined a diagnosis). emsCharts believes that these systems could display a plurality of diagnoses. Additionally, it would have been obvious to one of ordinary skill in the art to take a system that displayed one diagnosis and have that system display, and thus include instructions for displaying, a plurality of diagnoses.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
13. The data management system of claim 10, wherein the first module includes a communication interface for automatically reading a patient's vital signs.	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>The ability to interface a medical records system with monitoring equipment for reading a patient's vital signs is not an innovative concept. emsCharts believes the AeroMed software interfaced with the ProPaq monitor prior to March 2, 1997.</p>
14. The data management system of claim 10, wherein the first module includes instructions for marking selected information as sentinel events.	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92)</p> <p>When generating a statistical report using many, if not all, of the software products identified in Section I, it can be determined if an aircraft took too long to take off or arrive (<i>i.e.</i>, determine a sentinel event). Quality assurance reports are common to all of the software products identified in Section I. It would have been obvious to one of ordinary skill in the art to mark, or flag, a sentinel event. Marking/flagging a sentinel event is not an innovative concept. A sentinel event is one that requires further attention, such as an aircraft taking too long to take off or arrive. Running quality assurance reports is for the purpose of identifying sentinel events, and it would have been obvious to one of ordinary skill in the art to "flag" such sentinel events. emsCharts believes that the AeroMed software included such a marking feature.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>15. A computerized method of generating a patient encounter record, comprising the steps of:</p> <p>collecting flight information relating to an emergency transport crew dispatch;</p> <p>collecting patient information from a clinical encounter associated with a patient incident requiring emergency medical care by the emergency transport crew; and</p> <p>integrating the patient information with the flight information to produce an encounter record indicative of the patient's clinical encounter.</p>	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1 to i-2; 2-1 to 2-2; and B-1 to B-42)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1 to i-2; 2-1; and B-1 to B-21)</p> <p>(SweetTalk newsletter, dated August 1993 - pgs. 1-3)</p> <p>(Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992 - both pages)</p> <p>(DataWest's Air-Ops Version 2.1 software manual - pgs. 2-3)</p> <p>(LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior - both pages)</p> <p>These software products, which were publicly available before March 2, 1997, combined the patient information with the flight information to produce an encounter record indicative of the patient's clinical encounter.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>16. The computerized method of claim 15, wherein the method is performed a plurality of times to generate a plurality of patient encounter records.</p>	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1 to i-2; 2-1 to 2-2; and B-1 to B-42)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1 to i-2; 2-1; and B-1 to B-21)</p> <p>(SweetTalk newsletter, dated August 1993 - pgs. 1-3)</p> <p>(Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992 - both pages)</p> <p>(DataWest's Air-Ops Version 2.1 software manual - pgs. 2-3)</p> <p>(LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior - both pages)</p> <p>Creating multiple records would have been obvious to one of ordinary skill in the art from the teachings of the above-identified software products and manuals. The systems are designed to create multiple records.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
<p>17. The computerized method of claim 16, further comprising the steps of:</p> <p>extracting data from the plurality of patient encounter records; and</p> <p>generating statistical information relating to the clinical encounter to justify the cost of dispatching the emergency transport crew.</p>	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1 to i-2; 2-1 to 2-2; and B-1 to B-42)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1 to i-2; 2-1; and B-1 to B-21)</p> <p>(SweetTalk newsletter, dated August 1993 - pg. 3)</p> <p>(Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992 - both pages)</p> <p>(DataWest's Air-Ops Version 2.1 software manual - all pages)</p> <p>(LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior - both pages)</p> <p>In order to generate statistical reports, data must necessarily be extracted. Justifying the cost of dispatching the emergency medical crew is an obvious statistical feature as each software product is designed to increase profitability.</p>

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
18. The computerized method of claim 15, wherein the step of collecting flight information includes collecting flight information for a helicopter dispatch.	<p>(AeroMed Software Flight Management Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1; and B-1 to B-42)</p> <p>(AeroMed Software Dispatch Module Version 2.2 Reference Manual, revised 11/10/92 - entire manual and specifically pgs. i-1; 2-1; 3-34; and B-1 to B-21)</p> <p>(Computing Technologies for Aviation, Inc.'s Medical Air Transport System fact sheet, dated September 1992 - both pages)</p> <p>(DataWest's Air-Ops Version 2.1 software manual - pgs. 2-3)</p> <p>(LiFlex Computer Aided Dispatch System flyer, dated 1991 or prior - both pages)</p> <p>Many, if not all, of the software products identified in Section I are used for dispatching helicopter EMS crews and thus must necessarily collect information for dispatching a helicopter.</p>
19. The computerized method of claim 15, wherein the step of collecting patient information includes automatically collecting patient information from emergency medical equipment.	The ability to interface a medical records system with monitoring equipment is not an innovative concept. emsCharts believes the AeroMed software interfaced with the ProPaq monitor prior to March 2, 1997.
20. The computerized method of claim 15, wherein the step of collecting patient information includes the step of determining whether a sentinel event has occurred.	Determining if a sentinel event has occurred is not an innovative concept. When generating a statistical report using any of the software products identified in Section I, it can be determined if an aircraft took too long to take off or arrive (<i>i.e.</i> , determine a sentinel event). Quality assurance reports are common to all of the software products identified in Section I.

TEXT OF ASSERTED CLAIMS	DESCRIPTION OF INVALIDITY CONTENTIONS
21. The computerized method of claim 20, wherein the step of collecting patient information includes the step of marking sentinel events with a flag.	It would have been obvious to one of ordinary skill in the art to flag a sentinel event. Flagging a sentinel event is not an innovative concept. A sentinel event is one that requires further attention, such as an aircraft taking too long to take off or arrive. Running quality assurance reports is for the purpose of identifying sentinel events, and it would have been obvious to one of ordinary skill in the art to "flag" such sentinel events. emsCharts believes that the AeroMed software included such a marking feature.
22. The computerized method of claim 15, wherein the step of integrating the patient information includes the step of determining whether the flight information and patient information are internally consistent.	Determining whether flight information and patient information are internally consistent is not an innovative concept. In order to combine the patient information with the flight information, the software products identified in Section I necessarily must determine that the two are internally consistent.